


Official/ Registration Form



REQUIREMENTS

For Office Use Only
0253-542-IWAT-0657

- **Registration and Refund Deadline:** May 30, 2008. Registration forms will be accepted after this date, but participants will be charged a **\$10 per person late registration fee**.
- Registration may be limited, and thus will be provided on a first-come, first-served basis.
- Registration fees are the cost of your meals and any daily shuttles you desire. Please calculate your fee on Page 2. It is recommended that you order meals, but not required. Meal availability cannot be guaranteed after May 30, 2008.
- Make **checks payable to IOWA DNR** and write **PROJECT AWARE** in the "Memo" portion of the check. 
- Complete all four (4) pages in their entirety.
- Only one person may register per form.
- A limited number of canoes will be available for those who need them and will be provided on a first-come, first-served basis.
- Parking space at shuttle locations may be limited and will be provided on a first-come, first-served basis based on receipt of the volunteer registration form. Carpooling amongst volunteers is strongly recommended.
- In order to minimize the amount of trash generated by the group, **reusable dinnerware (plate, bowl, coffee cup, silverware) and water bottles (for on-river use) are required**. Wash basins will be available after meals.

Customer Name _____		Date _____
Street Address _____		
City, State	Zip Code	
Pay To The Order Of Iowa DNR		\$ <input type="text"/>
		Dollars
Memo: Project AWARE		

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ ZIP: _____ - _____

Phone (w/ area code): _____ Ext: _____ Cell: _____

T-Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Do you need a canoe? ☐ Yes ☐ No, I will be bringing my own: ☐ Canoe ☐ Kayak ☐ Solo Canoe

What is your paddling skill level? ☐ Beginner ☐ Intermediate ☐ Experienced

Do you have a Partner? ☐ No ☐ Yes – Who? _____

Will you be bringing your own PFD (life jacket use is mandatory on AWARE)?

☐ Yes – Please make sure it's appropriately sized.

☐ No – We recommend you bring your own; loaner life jackets will be available, but they can be uncomfortable.

The use of Project AWARE shuttle services is not required. For detailed shuttle information, please visit the Project AWARE website – www.iowaprojectaware.com.

Pre-Post Event Shuttle – Free

Will you be using a Project AWARE Shuttle on **Saturday, June 14th**?

☐ No

☐ Yes – Please select from the shuttle options below:

☐ Iowa City Shuttle (9:30am) – Leaving a vehicle? ☐ Yes ☐ No

☐ Des Moines Shuttle (11:00am) – Leaving a vehicle? ☐ Yes ☐ No

☐ Cedar Falls Shuttle (11:30am) – Leaving a vehicle? ☐ Yes ☐ No

Daily Shuttles – \$20 per person per day

Due to the exceedingly limited parking availability at sites along the AWARE route, **the use and daily shuttling of personal vehicles on AWARE is strongly discouraged**. Daily shuttles, however, will be available at a cost of \$20 per person per day, but it is recommended that they be used only if absolutely necessary. **This shuttle service takes participants back to the previous night's camping location only, so if you plan to participate in AWARE for multiple days, you must use and pay for the shuttle each day.** To register for the daily shuttle(s), please use the table below. **PLEASE NOTE:** *If you would like to make your own (FREE) shuttle arrangements with other volunteers, please visit the Project AWARE website and sign up for the e-ride board. A ride board will also be available onsite to help match volunteers up with one another. We cannot, however, guarantee that either of these methods will secure shuttle arrangements, and if you have to use an AWARE daily shuttle, you will be charged the fee.*

When will you arrive/depart?*			Please indicate which meals you will be purchasing.			Using a daily shuttle?	Calculate your registration fee
AM	PM		Breakfast	Lunch	Supper	Daily Shuttle Fee	Daily Totals
<input type="checkbox"/>	<input type="checkbox"/>	Saturday, 6/14	N.A.	N.A.	<input type="checkbox"/> \$8.00	N.A.	\$
<input type="checkbox"/>	<input type="checkbox"/>	Sunday, 6/15	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$20.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Monday, 6/16	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$20.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Tuesday, 6/17	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$20.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Wednesday, 6/18	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$20.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Thursday, 6/19	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$20.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Friday, 6/20	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$20.00	\$
<input type="checkbox"/>	N.A.	Saturday, 6/21	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	N.A.	<input type="checkbox"/> \$20.00	\$
Plus \$10 Late Registration Fee (If after May 30, 2008):							\$10.00 If after May 30, 2008
Total Registration Fee:							\$

* If meeting up with, or departing AWARE in the middle of the week, please indicate the time of day you will be coming or going here. For a complete AWARE agenda, please visit the website.

For a complete menu, please visit the Project AWARE website. Sack lunches and ice will be distributed with breakfast each morning – **please bring a cooler!**

Do you have special dietary needs? *Vegetarian, vegan, and other menu alternatives may be available, but can only be guaranteed if ordered by May 30, 2008.*

☐ No

☐ Yes – How may we accommodate those needs?

PROJECT AWARE
PARTICIPATION REQUIREMENTS,
SAFETY INFORMATION,
RELEASE & WAIVER OF LIABILITY



The following is required while participating in Project AWARE:

- **Personal Floatation Devices (PFDs – life jackets) are required to be worn at all times when participants are in a vessel on the water. Children require appropriately-sized PFDs. It is the responsibility of the participants to supply appropriately-sized PFDs for themselves.**
- **All participants must portage around all low-head dams.**
- **Parents/legal guardians and/or authorized adult companions of children under 18 years of age will be responsible for the child's safety. By signing below, the parent/legal guardian of the minor agrees to the terms and conditions of this waiver, and authorizes the designated legal adult named below to be responsible for the minor.**
- **If paddling a multi-passenger vessel, all persons under the age of 16 must be accompanied by a legal adult in said vessel. If paddling a vessel solo, all persons under the age of 16 must be within visual sight of their authorized adult companion.**

Are you 18 years old or over? ☐ Yes ☐ No – *a legal parent/guardian must also sign this form*

The volunteer and parent/legal guardian(s), by signing below, recognize that the program involves some risk and that she/he takes responsibility for all action or injury that may result in participating in Project AWARE. **All children under 18 must be accompanied by a parent/legal guardian or authorized adult companion, and must have a parent/legal guardian signature(s) and, if applicable, authorization of an approved adult companion, below.** The volunteer and parent/legal guardian, by signing below, agree to the following statement: **All participants are required to wear an appropriately-sized PFD (personal flotation device) at all times when they are in a vessel on the water.**

I, _____ (volunteer name) and _____ (parent/legal guardian name), hereby release, waive, discharge and covenant not to sue the State of Iowa, Iowa Department of Natural Resources, Board of Regents-State of Iowa, The University of Iowa, Iowa State University, any canoe outfitter, county or other agencies, partners, cooperating landowners, event volunteers and coordinators, sponsors, and any of the offices, servants, agents and employees of the above-mentioned entities (hereinafter referred to as "RELEASEES") for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including but not limited to drowning or other event-related death, that occurs as a result of _____'s (volunteer name) participation in Project AWARE.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by _____'s (volunteer name) negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

Participants understand that photographs may be taken during the project and may be used in the future to chronicle and publicize the project.

**By signing this Release and Waiver of Liability,
I state that I have read and understand the conditions set forth in this Release and that
I agree to all conditions set forth herein, and that I sign this voluntarily.**

Signature of Volunteer

Printed Name of Volunteer

Date

I/we _____ (name(s) of parent/legal guardian) authorize _____ (name of child) to be accompanied on the trip by _____ (name of authorized adult companion).

Signature(s) of Parent/Legal Gaurdian

Printed Name(s) of Parent/Legal Guardian

Date

A.W.A.R.E. Medical History Questionnaire

All Information is Confidential



We would like to have this questionnaire on file in case of a medical emergency.
Filling out this form could provide us with important information if you are injured.

Name: _____ Age: _____ Date of Birth: _____

Gender: ☐ M ☐ F

Guardian Name (if <18 yrs.): _____ Guardian Phone: _____

Physician Name: _____ Physician Phone: _____

In Case of Emergency, Contact: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

☐ Yes ☐ No Are you allergic to any medication (aspirin, penicillin, etc?) List: _____

☐ Yes ☐ No Do you take any medication? List: _____

☐ Yes ☐ No Have you ever been told by a doctor that you have epilepsy? When: _____

☐ Yes ☐ No Have you had recent surgical operations, accidents or injuries? When/What: _____

☐ Yes ☐ No Have you been "knocked out" unconscious, had a concussion or head injury? When: _____

☐ Yes ☐ No Are you pregnant?

☐ Yes ☐ No Do you wear glasses? ☐ Yes ☐ No – Contact lenses?

Date of last tetanus immunization: _____

Please check any of the following medical conditions you have had within the last 5 years:

☐ Hay fever or allergies (especially to bees, ants, etc.) ☐ Heart disease ☐ High Blood Pressure

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Fainting Spells

Do you have any medical training: ☐ Doctor ☐ Nurse ☐ EMT ☐ First Responder

☐ CPR ☐ First Aid Other: _____

Is there anything else about your health we need to know in case of an emergency?

Signature: _____ **Date:** _____